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Customized PTO/SB/21 (12-04)

# TRANSMITTAL FORM

(for all correspondence after initial filing)

Total number of pages in this submission =

|                |                    |
|----------------|--------------------|
| Application #  | 10/695,994         |
| Confirmation # | 1646               |
| Filing Date    | 30 October 2003    |
| First Inventor | MISHRA, Lopa       |
| Art Unit       | 1646               |
| Examiner       | Mertz, Prima Maria |
| Docket #       | P04470US02/BAS     |

## ENCLOSURES (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Fees calculated below             | <input type="checkbox"/> Response to Missing Parts/Incomplete Appl. |
| <input checked="" type="checkbox"/> Supplemental Amendment | <input type="checkbox"/> Certified Copy of Priority Document(s)     |
| <input checked="" type="checkbox"/> including Attachments  | <input type="checkbox"/> Information Disclosure Statement           |
| <input type="checkbox"/> After Final Amendment/Reply       | <input type="checkbox"/> Drawing(s)                                 |
| <input type="checkbox"/> including Attachment(s)           | <input type="checkbox"/> Terminal Disclaimer                        |
| <input type="checkbox"/> Extension of Time Petition        | <input type="checkbox"/>  |
| <input type="checkbox"/>                                   | <input type="checkbox"/>  |

## FEES CALCULATION: For claims if required and/or other fees as shown below:

|   | NOW | Previously Paid For | Present Extra | Rate       | \$ |
|---|-----|---------------------|---------------|------------|----|
| <input type="checkbox"/> TOTAL CLAIMS   |     | - 20                |               | X \$ 50 =  |    |
| <input type="checkbox"/> INDEPENDENT CLAIMS   |     | - 3                 |               | X \$ 200 = |    |
| TOTAL OF ABOVE CLAIMS FEES =  |     |                     |               |            |    |
| <input type="checkbox"/> Reduction by 1/2 for <b>small entity status</b> of applicant |     |                     |               |            |    |
| SUBTOTAL =  |     |                     |               |            |    |
| <input type="checkbox"/> Fee for extension of time (per attached Petition)            |     |                     |               |            |    |
| <input type="checkbox"/> Other fee for  |     |                     |               |            |    |
| TOTAL OF ALL FEES =   |     |                     |               |            |    |

☐ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ is enclosed.

- ☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. :
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
  - (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: March 28, 2006

By: B. Aaron Schulman  
Registration No.: 31,877

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## SUPPLEMENTAL AMENDMENT

|                |                    |
|----------------|--------------------|
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

S I R:

In accordance with the telephone discussion between the Examiner and Applicant's counsel, please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment A**.
- **Remarks** are provided herewith in **Attachment B**.

Applicants submit that in light of the present amendments, the present application is in condition for examination and allowance.

Respectfully submitted,

By: B. Aaron Schulman  
Registration No.: 31,877

Date: 28 March 2006

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